

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

526029

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		(1)				
4	C	C				
5	1					
6	1					
7						
8						
9	1					
10		1				
11		1				
12		1				
13	1					
14		1				
15		1				
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	1					
27	C	C				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
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48						
49						
50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	13	←		←	←	
TOTAL CLAIMS	17					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						